



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:)
JUN KOIDE ET AL.) : Examiner: A. Tugbang
Application No.: 09/339,869) : Group Art Unit: 3729
Filed: June 25, 1999) :
For: METHOD OF PROCESSING)
DISCHARGE PORT OF AN) :
INK JET HEAD (As Amended)) May 10, 2004

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

RECEIVED
MAY 13 2004
TECHNOLOGY CENTER R3700

AMENDMENT AND STATEMENT OF SUBSTANCE OF INTERVIEW

Sir:

INTRODUCTORY COMMENTS

In response to the Office Action dated February 10, 2004, please amend the above-identified application as follows.

In re Application of:

JUN KOIDE ET AL.

Application No.: 09/339,869

Filed: June 25, 1999

For: METHOD OF PROCESSING DISCHARGE PORT
OF AN INK JET HEAD (As Amended)

Docket No.: 03500.013613

3729

Examiner: A. Tugbang

Group Art Unit: 3729

May 10, 2004

Mail Stop Amendment

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

 No additional fee is required.

The fee has been calculated as shown below.

CLAIMS AS AMENDED						
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	15	MINUS	20	0	x \$ 9 \$18	\$ 0.00
INDEP. CLAIMS	3	MINUS	3	0	x \$43 \$86	\$ 0.00
Fee for Multiple Dependent claims \$145/\$290						\$ 0.00
			TOTAL ADDITIONAL FEE FOR THIS AMENDMENT---			\$ 0.00

 °Verified Statement claiming small entity status is enclosed, if not filed previously. A check in the amount of \$_____ is enclosed. Charge \$____ to Deposit Account No. 06-1205. A duplicate of this sheet is enclosed.

RECEIVED
 MAY 13 2004
 TECHNOLOGY CENTER R3700

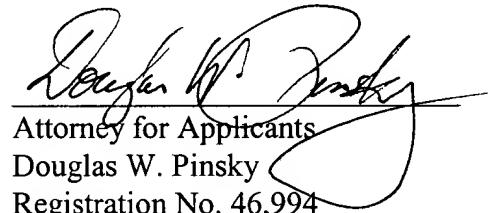
Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate of this paper is enclosed.

A check in the amount of \$_____ to cover the Extension fee for response within ____ months is enclosed.

A check in the amount of \$____ to cover the Information Disclosure Statement fee is enclosed.

Applicants' undersigned attorney may be reached in our Washington, D.C. office by telephone at (202) 530-1010. All correspondence should be directed to our below-listed address.

Respectfully submitted,



Attorney for Applicants
Douglas W. Pinsky
Registration No. 46,994

FITZPATRICK, CELLA, HARPER & SCINTO
30 Rockefeller Plaza
New York, New York 10112-3801
Facsimile: (212) 218-2200
DWP/tmc

DC_MAIN 165725v1